

**FCC Form 481 - Carrier Annual Reporting
Data Collection Form**

 FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010> Study Area Code	361346
<015> Study Area Name	ACE TEL ASSN-MN
<020> Program Year	2015
<030> Contact Name: Person USAC should contact with questions about this data	Cynthia Sweet
<035> Contact Telephone Number: Number of the person identified in data line <030>	5078966211 ext.
<039> Contact Email Address: Email of the person identified in data line <030>	csweet@acecomgroup.com

ANNUAL REPORTING FOR ALL CARRIERS	54.313 Completion Required	54.422 Completion Required
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<100> Service Quality Improvement Reporting	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<200> Outage Reporting (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input checked="" type="checkbox"/> <-- check box if no outages to report		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<300> Unfulfilled Service Requests (voice)	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<310> Detail on Attempts (voice)	(attach descriptive document)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<330> Detail on Attempts (broadband)	(attach descriptive document)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed	2.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<420> Mobile		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<430> Number of Complaints per 1,000 customers (broadband)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<440> Fixed	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<450> Mobile	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510> 361346MN510.pdf	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610> 361346MN610.pdf	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<710> Company Price Offerings (broadband)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<800> Operating Companies and Affiliates	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)?	(if yes, complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1000> Voice Services Rate Comparability	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1010> 361346MN1010.pdf	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1100> Terrestrial Backhaul (Y/N)?	(if not, check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1110>	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<2005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet			
<3000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<3005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**(100) Service Quality Improvement Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	361346
<015>	Study Area Name	ACE TEL ASSN-MN
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acecongroup.com
<110>	Has your company received its ETC certification from the FCC?	(yes / no) <input type="radio"/> <input checked="" type="radio"/>
	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5	
<111>	year plan" filed with the FCC?	(yes / no) <input type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

- <112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

361346MN112.pdf

Name of Attached Document

Please check these boxes below to confirm that the attached documents(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

- <113> Maps detailing progress towards meeting plan targets
- <114> Report how much universal service (USF) support was received
- <115> How (USF) was used to improve service quality
- <116> How (USF) was used to improve service coverage
- <117> How (USF) was used to improve service capacity
- <118> Provide an explanation of network improvement targets not met in the prior calendar year.

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[illegible]

<010>	Study Area Code	361346	0
<015>	Study Area Name	ACE TEL ASSN-MN	0
<020>	Program Year	2015	0
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet	0
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.	0
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acecomgroup.com	0

[illegible]

<010>	Study Area Code	361346
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-- See attached worksheet --

<810>	Reporting Carrier	Ace Telephone Association MN
<811>	Holding Company	Ace Telephone Association
<812>	Operating Company	Ace Telephone Association MN

-- See attached worksheet --

**(900) Tribal Lands Reporting
Data Collection Form**

FCC Form 481

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July 2013

<010> Study Area Code 361346
 <015> Study Area Name ACE TEL ASSN-MN
 <020> Program Year 2015
 <030> Contact Name - Person USAC should contact regarding this data Cynthia Sweet
 <035> Contact Telephone Number - Number of person identified in data line <030> 5078966211 ext.
 <039> Contact Email Address - Email Address of person identified in data line <030> csweet@acecomgroup.com

<910> Tribal Land(s) on which ETC Serves

--

<920> Tribal Government Engagement Obligation

--

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
 <922> Feasibility and sustainability planning;
 <923> Marketing services in a culturally sensitive manner;
 <924> Compliance with Rights of way processes
 <925> Compliance with Land Use permitting requirements
 <926> Compliance with Facilities Siting rules
 <927> Compliance with Environmental Review processes
 <928> Compliance with Cultural Preservation review processes
 <929> Compliance with Tribal Business and Licensing requirements.

Select (Yes, No, NA)

**(1100) No Terrestrial Backhaul Reporting
Data Collection Form**

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<1120> Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G) ☐

<1130> Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G) ☐

**(1200) Terms and Condition for Lifeline Customers
Lifeline
Data Collection Form**

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<1210> Terms & Conditions of Voice Telephony Lifeline Plans

361346MN1200.pdf

Name of Attached Document

<1220> Link to Public Website

HTTP

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☒
- <1222> Details on the number of minutes provided as part of the plan, ☒
- <1223> Additional charges for toll calls, and rates for each such plan. ☒

(2000) Price Cap Carrier Additional Documentation**Data Collection Form**

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

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OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	361346
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<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
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<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acecomgroup.com

CHECK the boxes below to note compliance as a recipient of incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

<2010> 2nd Year Certification (47 CFR § 54.313(b)(1)) ☐

<2011> 3rd Year Certification (47 CFR § 54.313(b)(2)) ☐

Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))

<2012> 2013 Frozen Support Certification ☐

<2013> 2014 Frozen Support Certification ☐

<2014> 2015 Frozen Support Certification ☐

<2015> 2016 and future Frozen Support Certification ☐

Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))

<2016> Certification Support Used to Build Broadband ☐

Connect America Phase II Reporting (47 CFR § 54.313(e))

<2017> 3rd year Broadband Service Certification ☐

<2018> 5th year Broadband Service Certification ☐

<2019> Interim Progress Certification ☐

<2020> Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. ☐

<2021> Interim Progress Community Anchor Institutions

Name of Attached Document Listing Required Information

[3000] Rate Of Return Carrier Additional Documentation

FCC Form 481

Data Collection Form

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010> Study Area Code	361346
<015> Study Area Name	ACE TEL ASSN-MN
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<039> Contact Email Address - Email Address of person identified in data line <030>	csweet@acecomgroup.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

- (3010) Progress Report on 5 Year Plan
Milestone Certification (47 CFR § 54.313(f)(1)(i))

Name of Attached Document Listing Required Information

- (3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. ☐

- (3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(iii))

Name of Attached Document Listing Required Information

- (3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))

(Yes/No) ☒ Yes ☐ No

- (3014) If yes, does your company file the RUS annual report

(Yes/No) ☒ Yes ☐ No

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

- (3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers) ☐

- (3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☐

- (3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

Name of Attached Document Listing Required Information

- (3018) If the response is no on line 3014, is your company audited?

(Yes/No) ☒ Yes ☐ No

If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

- (3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications ☒

- (3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☒

- (3021) Management letter issued by the independent certified public accountant that performed the company's financial audit. ☒

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

- (3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers, ☐

- (3023) Underlying Information subjected to a review by an independent certified public accountant ☐

- (3024) Underlying Information subjected to an officer certification. ☐

- (3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☐

361346MN3026.pdf

- (3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	361346
<015> Study Area Name	ACE TEL ASSN-MN
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
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<039> Contact Email Address - Email Address of person identified in data line <030>	csweet@acecomgroup.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier: ACE TEL ASSN-MN	
Signature of Authorized Officer: CERTIFIED ONLINE	Date 06/22/2014
Printed name of Authorized Officer: Todd Roesler	
Title or position of Authorized Officer: CEO	
Telephone number of Authorized Officer: 5078966292 ext.	
Study Area Code of Reporting Carrier: 361346	Filing Due Date for this form: 07/01/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	361346
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<039> Contact Email Address - Email Address of person identified in data line <030>	csweet@acecomgroup.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: _____	
Signature of Authorized Officer: _____	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: _____	
Name of Authorized Agent or Employee of Agent: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Printed name of Authorized Agent or Employee of Agent: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

(700) Price Offerings including Voice Rate Data
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010> Study Area Code 361346

<015>	Study Area Name	ACB TEL ASSN-MN
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<020>	Program Year	2015
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<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
-------	---	---------------

<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
-------	---	-----------------

<039>	Contact Email Address - Email Address of person identified in data line <030>	cawest@acecomgroup.com
-------	---	------------------------

<701> Residential Local Service Charge Effective Date	1/1/2014
---	----------

<702> Single State-wide Residential Local Service Charge

<703>

[illegible]

(710) Broadband Price Offerings
Data Collection Form

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<039> Contact Email Address - Email Address of person identified in data line <030> csweet@acecomgroup.com

<711>	<a1>	<a2>	<b1>	<b2>	<c>	<d1>	<d2>	<d3>	<d4>
	State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rates and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached (select)
	MN	Brownsville	39.95	0.0	39.95	1.0	0.512	0.0	Other, no limit on usage allowance
	MN	Brownsville	34.95	0.0	34.95	8.0	1.0	0.0	Other, no limit on usage allowance
	MN	Brownsville	49.95	0.0	49.95	15.0	1.0	0.0	Other, no limit on usage allowance
	MI	Canton	39.95	0.0	39.95	1.0	0.512	0.0	Other, no limit on usage allowance
	MN	Canton	34.95	0.0	34.95	8.0	1.0	0.0	Other, no limit on usage allowance
	MN	Canton	49.95	0.0	49.95	15.0	1.0	0.0	Other, no limit on usage allowance
	MN	Dakota	39.95	0.0	39.95	1.0	0.512	0.0	Other, no limit on usage allowance
	MI	Dakota	34.95	0.0	34.95	8.0	1.0	0.0	Other, no limit on usage allowance
	MN	Dakota	49.95	0.0	49.95	15.0	1.0	0.0	Other, no limit on usage allowance
	MN	Etzen	39.95	0.0	39.95	1.0	0.512	0.0	Other, no limit on usage allowance
	MN	Etzen	34.95	0.0	34.95	8.0	1.0	0.0	Other, no limit on usage allowance
	MN	Etzen	49.95	0.0	49.95	15.0	1.0	0.0	Other, no limit on usage allowance
	MI	Granger	39.95	0.0	39.95	1.0	0.512	0.0	Other, no limit on usage allowance
	MN	Granger	34.95	0.0	34.95	8.0	1.0	0.0	Other, no limit on usage allowance
	MN	Granger	49.95	0.0	49.95	15.0	1.0	0.0	Other, no limit on usage allowance
	MN	Hokah	39.95	0.0	39.95	1.0	0.512	0.0	Other, no limit on usage allowance
	MN	Hokah	34.95	0.0	34.95	8.0	1.0	0.0	Other, no limit on usage allowance
	MN	Hokah	49.95	0.0	49.95	15.0	1.0	0.0	Other, no limit on usage allowance
	MN	Houston	39.95	0.0	39.95	1.0	0.512	0.0	Other, no limit on usage allowance
	MN	Houston	34.95	0.0	34.95	8.0	1.0	0.0	Other, no limit on usage allowance
	MN	Houston	49.95	0.0	49.95	15.0	1.0	0.0	Other, no limit on usage allowance

(710) Broadband Price Offerings
Data Collection Form

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[illegible]

(800) Operating Companies
Data Collection Form

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July 2013

<010>	Study Area Code	361346	10/30
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<810>	Reporting Carrier	Ace Telephone Association MN	10/30
<811>	Holding Company	Ace Telephone Association	10/30
<812>	Operating Company	Ace Telephone Association MN	10/30

[illegible]

PUBLIC DOCUMENT TRADE SECRET DATA HAS BEEN EXCISED

Study Area Name: Ace Telephone Association

SAC: 361346

State: Minnesota

Form 481 Line 112



Study Area Name: Ace Telephone Association

Study Area Code: 361346

State: Minnesota

Form 481 Line Number 510 Compliance with Service Quality Standards and Consumer Protection

As a local exchange carrier, Ace Telephone Association (Carrier) is obligated to comply with the numerous consumer protections and has established operating procedures designed to facilitate compliance with such consumer protections rules and service quality standards. As part of the operating procedures, appropriate training is conducted for employees.

Carrier is complying with all applicable and effective public service commission and FCC consumer protection rules and service quality standards. Carrier has a Customer Proprietary Network Information (CPNI) Manual which reflects the FCC's current CPNI rules. Carrier has also implemented an Identity Theft Prevention Program in accordance with the federal Red Flags Rule.

As required by the Minnesota Administrative Rule "7812.0700 Minnesota General Service Quality Requirements, Subpart 1" the local services provided by Carrier are provided under internal company operating procedures and publically available tariffs which are in compliance with applicable Minnesota Public Utility Commission orders and rules including:

7810.0100 DEFINITIONS

7810.0200 SCOPE

7810.0300 STATUTORY AUTHORITY

RECORDS AND REPORTS

7810.0400 RETENTION OF RECORDS

7810.0500 DATA TO BE FILED WITH THE COMMISSION

7810.0600 REPORT TO COMMISSION ON SERVICE DISRUPTION

7810.0900 LOCATION OF RECORDS

CUSTOMER RELATIONS

7810.1000 INFORMATION AVAILABLE TO CUSTOMER AND PUBLIC

7810.1100 COMPLAINT PROCEDURES

7810.1200 RECORD OF COMPLAINT

CUSTOMER BILLING; DEPOSIT AND GUARANTEE REQUIREMENTS

7810.1400 CUSTOMER BILLING

7810.1500 DEPOSIT AND BUANTEE REQUIREMENTS

7810.1600 DEPOSIT

7810.1700 GUARANTEE OF PAYMENT

DISCONNECTION OF SERVCIIE; SERVICE DELAY

7810.1800 PERMISSIBLE SERVICE DISCONNECTIONS WITH NOTICE

7810.1900 PERMISSIBLE SERVICE DISCONNECTIONS WITHOUT NOTICE

7810.2000 NONPERMISSIBLE REASONS TO DISCONNECT SERVICE

7810.2100 MANNER OF DISCONNECTION

7810.2200 RECONNECTION OF SERVICE

7810.2300 NOTICE REQUIREMENTS

7810.2400 BILL DISPUTES

7810.2500 ESCROW PAYMENTS

7810.2600 WAIVING RIGHT TO DISCONNECT; EMERGENCY STATUS

7810.2800 DELAY IN INITIAL SERVICE OR UPGRADE

Study Area Name: Ace Telephone Association

Study Area Code: 361346

State: Minnesota

Form 481 Line Number 510 Compliance with Service Quality Standards and Consumer Protection

DIRECTORIES

7810.2900 CONTENT OF DIRECTORIES

7810.3000 MAINTENANCE OF PLANT AND EQUIPMENT

7810.3100 EMERGENCY OPERATIONS

ENGINEERING

7810.3200 CONSTRUCTION OF TELEPHONE PLANT

7810.3300 MAINTENANCE OF PLANT

7810.3900 EMERGENCY OPERATIONS

INSPECTIONS, TESTS, SERVICE REQUIREMENTS

7810.4100 ACCESS TO TEST FACILITIES

7810.4300 ACCURANCE REQUIREMENTS

7810.4900 ADEQUACY OF SERVICE

7810.5000 UTILITY OBLIGATIONS

7810.5100 TELEPHONE OPERATORS

7810.5200 ANSWERING TIME

7810.5300 DIAL SERVICE REQUIREMENTS

7810.5400 INTEROFFICE TRUNKS

7810.5500 TRANSMISSION REQUIREMENTS

7810.5800 INTERRUPTIONS OF SERVICE

7810.5900 CUSTOMER TROUBLE REPORTS

7810.6000 PROTECTIVE MEASURES

7810.6100 SAFETY PROGRAM

Study Area Name: Ace Telephone Association

Study Area Code: 361346

State: Minnesota

Form 481 Line Number 610

Certification that the carrier is able to function in emergency situations

Ace Telephone Association (Carrier) is able to remain functional in an emergency situation through the use of back-up power to ensure functionality without an external power source. Carrier has backup battery reserve which enables it to provide service for a minimum of eight hours. Carrier's service is consistent with requirements and the obligations to provide service in emergency situations as set forth in § 54.202(a)(2).

Carrier's network is engineered to provide maximum capacity in order to handle excess traffic in the event of traffic spikes resulting from emergency situations. Carrier has redundancy in its network for use in re-rerouting traffic when facilities are damaged.

Pursuant to Minnesota Administrative Rule "7810.390 Emergency Operations" Carrier has:

- Established reasonable provisions to meet emergencies resulting from failures of lighting or power service, sudden and prolonged increases in traffic, illness of operators or from fire, storm or acts of God including provisions for emergency power that meet or exceed the rule requirement to provide:
 - A minimum of four hours of battery service in each central office
 - A permanently installed power unit in exchanges exceeding 5,000 lines
 - Mobile power units that can be delivered on short notice and which can be readily connected in offices without installed emergency power facilities
 -
- Has informed employees as to the procedures to be followed, including reasonable rerouting of traffic around damaged facilities and the deployment of emergency power in the event of emergency in order to prevent or mitigate interruption or impairment of telecommunications service.

Study Area Name: Ace Telephone Association
Study Area Code: 361346
State: Minnesota
Line 1200 Terms and Condition for Lifeline Customers

Ace Telephone Association offers Lifeline Service Credit according to the basic service requirements listed in Minnesota Administrative Rule 7812.06000 – Basic Service Requirements.

Subpart 1. Required service. A local service provider shall provide, as part of its local service offering, the following to all customers within its service area:

- A. Single party voice-grade service and touch-tone capability;
- B. 911 or enhanced 911 service;
- C. 1+ intraLATA and interLATA presubscription and code-specific equal access to interexchange carriers subscribing to its switched access service;
- D. Access to directory assistance, directory listings, and operator services;
- E. Toll information service-blocking without recurring monthly charges as provided in the commission's ORDER REGARDING LOCAL DISCONNECTIONS AND TOLL BLOCKING CHARGES, Docket no. P-999/CI-96-38,(June 4, 1996)
- F. One white pages directory per year for each local calling area, which may include more than one local calling area, except where an offer is made and explicitly refused by the customer,
- G. A white pages and directory assistance listing, or, upon customer request, a private listing that allows the customer to have an unlisted or unpublished telephone number;
- H. Call-tracing capability according to chapter 7813;
- I. Blocking capability according to the commission's ORDER ESTABLISHING CONDITIONS FOR THE PROVISION OF CUSTOMER LOCAL AREA SIGNALING SERVICES, Docket No. P-999/CI-92-992(June 17, 1993) and its ORDER AFTER RECONSIDERATION, Docket No. P-999/CI-92-992 (December 3, 1993), which are incorporated by reference, are not subject to frequent change, and are available through the statewide inter library loan system; and
- J. Telecommunications relay service capability or access necessary to comply with state and federal regulations.

Ace Telephone Association Lifeline service offering are listed in their Local Exchange Service Tariff P.S.C. of MN No. 2, Section 5 Revised Sheet 1 through 4.

All Lifeline subscribers must meet the terms and conditions of the Federal Lifeline Eligibility Rules.

Ace Telephone Association does adhere to all Federal Lifeline eligibility rules and regulations as well as the Minnesota Administrative Rule 7817.0400 – Eligibility for Telephone Assistance Credits.

Study Area Name: Ace Telephone Association
Study Area Code: 361346
State: Minnesota
Line 1200 Terms and Condition for Lifeline Customers

Information regarding low-income telephone assistance found on Company's website
www.acegroup.cc which is transitioning to www.acentek.net

Low-income Telephone Assistance Plans

On a limited income? You can save with Lifeline services from Ace Communications Group. This federal assistance program can help you save on your monthly local phone service.

Services Provided

Ace Communications Group provides single-party residential services. This includes access to:

1. voice grade to the public switched network,
2. local usage,
3. dual tone, multi-frequency signaling or its functional equivalent,
4. single-party service or its functional equivalent,
5. emergency services,
6. operator services,
7. inter-exchange service,
8. directory assistance, and
9. toll limitation for qualifying low-income customers.

Lifeline

Lifeline provides certain discounts on monthly service for qualified subscribers.

How to Qualify

Lifeline is available to qualifying customers in every U.S. state. Qualifications do vary by state, and states with their own programs have their own criteria. In states that rely solely on the federal program, the subscriber must participate in one of the following programs:

- Federal Public Housing Assistance
- Food Stamps
- Low-Income Home Energy Assistance Program (LIHEAP)
- Income below 135% of the Federal Poverty Guidelines
- Medicaid
- National School Lunch's Free Lunch Program
- Supplemental Security Income (SSI)
- Temporary Assistance to Needy Families (TANF)

Please be aware that only one Lifeline discount may be received per household, even if the household has more than one telephone account, including landline or wireless phone service. Lifeline service is not transferable, and only eligible consumers may enroll in the program. Documentation of eligibility is required to enroll.

[Click here](#) to download the two-page certification form (PDF). Call Customer Service for more information.



Lifeline, Link-Up & TAP Programs Certification Form

The information on this application is strictly confidential and will only be used to assess your eligibility for Lifeline Assistance. Any support documentation received will not be kept, shared, or stored. Link-Up is only available for tribal lands, and TAP is only available to Minnesota residents.

(Please Print)

Last Name _____ First Name _____ Middle _____

Street Address _____ City _____ State _____ Zip _____

Check One: ☐ Permanent Residential Address ☐ Temporary Residential Address (must verify every 90 days)

Billing Address: (if different than residential address above)

Street Address _____ City _____ State _____ Zip _____

Your telephone number:

Telephone number where you can be reached if not the same:

() - _____ Area code & 7-digit number () - _____ Area code & 7-digit number

No. of people living in your household _____ Date of Birth: (mm/dd/yyyy) _____ Last 4 digits of Social Security #: _____

1. I receive benefits from the following program(s):

Check and attach documentation for all that apply

- ☐ Medicaid/Medical Assistance
- ☐ Federal Public Housing Assistance or Section 8 Assistance
- ☐ Supplemental Security Income (SSI)
- ☐ National School Free Lunch Program
- ☐ Bureau of Indian Affairs General Assistance
- ☐ Tribally Administered Temporary Assistance for Needy Families (TANF)
- ☐ Food Support (food stamps)
- ☐ Minnesota Family Investment Program (MFIP)
- ☐ Low-Income Home Energy Assistance (LIHEAP)
- ☐ Tribally Administered Head Start (for those meeting income qualifying standard)

2. I do not receive benefits from any of the programs listed above BUT my income is at or below 135% of Federal Poverty Guideline: ☐ Yes ☐ No

Please attach one of the documents below if you did not check any boxes in #1.

Last year's State, Federal, or Tribal Tax Return

3 consecutive months of most recent paycheck stub

Social Security Benefits Statement

Veteran's Administration Benefits Statement

Retirement/Pension Benefits Statement

Unemployment/Workmen's Compensation Statement

Divorce Decree

Child Support Document

Other

3. I or someone in my household receive Lifeline credits from another source (i.e. cellular phone service). ☐ Yes ☐ No

4. I live on tribal lands and am applying for a reduction of connection charges from Link-Up. ☐ Yes ☐ No

(continued on page 2)

By signing below, I certify under penalty of perjury the information contained within this certification form is true and correct to the best of my knowledge:

- ♦ I have read the information on this certification form and understand that I must meet the qualifications listed on this form to receive assistance from this program.
- ♦ I understand that I must be a part of the household in which Lifeline-supported service is provided.
- ♦ I understand that willfully providing false or fraudulent information to receive a Lifeline benefit is punishable by law.
- ♦ I understand that Lifeline is a government benefit program and willfully making false statements in order to obtain that benefit can be punished by fine or imprisonment, or that I can be barred from the program.
- ♦ I agree to provide documentation of my eligibility, when required to do so.
- ♦ By participating in this government program, I agree to provide my personal information to the national database. I understand that failure to comply will deny me the Lifeline benefit.
- ♦ I understand that I must be a part of the household in which Lifeline supported service is provided
- ♦ I certify that my household is receiving no more than one Lifeline-supported service and understand that violation of this requirement will result in de-enrollment from the program and could result in criminal prosecution.
- ♦ I understand that I may not transfer my service to any other individual.
- ♦ I acknowledge that I may be required to re-certify my eligibility for Lifeline at any time and failure to re-certify my continued eligibility will result in de-enrollment and termination of Lifeline benefits.
- ♦ I understand that I must notify my telecommunications provider within 30 days if I no longer qualify for Lifeline service and may be subject to penalties if I fail to do so.
- ♦ If I move to a new address, I agree to provide my new address to my telephone provider within 30 days.
- ♦ I understand completion of this certification form does not constitute immediate acceptance into this program.

Applicant's Signature _____ **Date** _____

I am an "Authorized Representative" for this applicant and am submitting this form on behalf of this customer. I am willing to assist this applicant in seeking telephone service discounts.

Print "Authorized Representative" Name _____ **Daytime Phone Number** _____ **Date** _____

Mail this form and required documents to: Ace Communications Group, 207 East Cedar, PO Box 360, Houston, MN 55943-0360

Prompt return of this certification form to your local telephone provider is necessary to ensure proper credits to your account. Certified low-income telephone assistance subscribers will receive a re-certification form annually from their local telecommunications provider and must return that form to their telecommunications provider within 30 days to ensure the continuation of assistance benefits.

Note: Any support documentation received with this certification form **will not** be kept or stored by this local telecommunications provider.

SERVICE PROVIDER USE ONLY

Telephone Number Associated with Lifeline service: _____

Initiation Date: _____ De-enrollment Date: _____

Type of Documentation Reviewed: ☐ Award Letter ☐ Voucher ☐ Benefits Card ☐ Income Statement ☐ Other

Identifying Information of Document Submitted: _____

Documentation Expiration Date (if applicable): _____

Name on Documentation (if different from name of applicant): _____

Method Documentation was provided: ☐ In Person ☐ Fax ☐ Mail ☐ Electronically

Reviewed by: _____ Date Reviewed: _____

Eligibility Documentation destroyed by: _____ Date destroyed: _____

LOCAL EXCHANGE SERVICE

LIFELINE AND MINNESOTA TELEPHONE ASSISTANCE PLAN

1. Definitions

Lifeline is the local service offering that is available to low income consumers, for which such consumers pay reduced charges as a result of the federal support described in 47 CFR § 54.403 and Sections 6 and 7 below, and that includes the services required to be provided for federal universal service support eligibility under 47 CFR. § 54.101. The Telephone Assistance Plan (TAP) provides for additional state credits against the recurring monthly rates for the provision of local residential service for eligible residential subscribers.

2. Eligibility for the Federal Lifeline Credit

T

a. To qualify for the federal Lifeline credit the customer must be currently eligible for:

- Medical Assistance (MA)
- Food Support (food stamps)
- Supplemental Security Income
- Federal public housing assistance; or
- Low-Income Home Energy Assistance Program

b. Eligibility will be established by the Company obtaining from a customer a document signed by the customer certifying under penalty of perjury that the customer receives benefits from one of the above programs and identifying the program or programs from which the customer receives benefits. On the same document, a qualifying low-income customer must also agree to notify the Company if the customer ceases to participate in the program or programs.

c. When the Company is notified by the customer that the Customer no longer participates in such a program, the federal credits to that customer's monthly charges shall cease beginning with the start of the billing cycle beginning in the month after the month in which notification is received.

T

Issued By:
David Freeman
Chief Operating Officer
207 East Cedar Street
Houston, Minnesota

Effective: August 1, 2003
Authorized:

Dated: July 7, 2003

LOCAL EXCHANGE SERVICE

LIFELINE AND MINNESOTA TELEPHONE ASSISTANCE PLAN (Continued)

3. Eligibility for the State TAP Credit

a. General

TAP is a state sponsored assistance program under Minnesota Statutes Chapter 237 and is designed to make telephone service accessible to qualifying low-income residential households. Through this program, eligible households will receive a monthly discount on their telephone service.

4. Eligibility Requirements

2.1 This discount applies on a single line at the principal place of residence for the applicant.

2.2 Applicant signs document certifying under penalty of perjury that the customer receives benefits from at least one of the following programs:

- Medical Assistance (MA)
- Food Support (food stamps)
- Minnesota Family Investment Program (MFIP)
- Supplemental Security Income
- Federal Public Housing Assistance
- Low Income Home Energy Assistance Program

Individuals who do not qualify under any of the above but live on a federally recognized reservation may qualify if the applicant signs a document certifying under penalty of perjury that the applicant receives benefits from at least one of the following programs:

- Bureau of Indian Affairs General Assistance
- Tribally administered Temporary Assistance for Needy Families
- Head Start (only for those meeting its income qualifying standard)
- National School Lunch Program's free lunch program

2.3 Applicant agrees to notify the carrier if that customer ceases to participate in any of the above listed federal assistance programs.

5. Certification Revocation

If the Telephone Company discovers that conditions exist that disqualify the recipient of TAP, local service will be billed at full rate. The customer will be billed retroactively to whichever is the most recent of the dates TAP assistance commenced or the recipient no longer qualified for the service not to exceed 12 months.

LOCAL EXCHANGE SERVICE

LIFELINE AND MINNESOTA TELEPHONE ASSISTANCE PLAN (Continued)

6. TAP Eligibility Mirrors the Federal Lifeline Program.

TAP Customers Eligible for Lifeline—These customers are eligible for the federal Lifeline support and a state TAP credit of up to \$3.50. The federal Lifeline credit shall be applied first to reduce the federal End-User Common Line Charge, with any remaining federal credit to be applied to reduce rates for residential service meeting the qualifications of 47 C.F.R., Section 54.101. The state TAP credit shall be applied to further reduce the rates charged for residential GENERAL SERVICES. The state TAP credit cannot exceed one-half the weighted average basic local service rate excluding the federal End-User Common Line Charge.

R

7. Regulations

- a. The federal Lifeline and state TAP credit will begin at the customer's earliest possible billing cycle but no later than the second billing cycle after the date the application for the federal Lifeline and state TAP credit is received by the company.
- b. A Service Charge shall not be billed to establish qualification for either the federal Lifeline or state TAP credit.
- c. When a customer enrolls for the state TAP credit, the Company is reimbursed for the cost of the service order activity.

8. Funding

The federal Lifeline credit is funded through the FCC universal service program. The state TAP credit shall be funded through the state Telephone Assistance Plan Surcharge on residence and business access lines which pay the 911 surcharge.

9. Rates

The surcharge rate is the effective rate ordered by the Minnesota Public Utilities Commission. The company is responsible for billing, collecting and remitting the surcharge to the appropriate government agency.

LOCAL EXCHANGE SERVICE

LIFELINE AND MINNESOTA TELEPHONE ASSISTANCE PLAN (Continued)

7. Regulations

- a. The federal Lifeline and state TAP credit will begin at the customer's earliest possible billing cycle but no later than the second billing cycle after the date the application for the federal Lifeline and state TAP credit is received by the telephone company.
- b. A Service Charge shall not be billed to establish qualification for either the federal Lifeline or state TAP credit.
- c. When a customer enrolls for the state TAP credit, the Company is reimbursed for the cost of the service order activity.

8. Funding

The federal Lifeline credit is funded through the FCC universal service program. The state TAP credit shall be funded through the state Telephone Assistance Plan Surcharge on residence and business access lines which pay the 911 surcharge.

9. Rates

MONTHLY RATES

State TAP Surcharge

\$.05

The surcharge rate is the effective rate ordered by the Minnesota Public Utilities Commission. The company is responsible for billing, collecting and remitting the surcharge to the appropriate government agency.

Study Area Name: Ace Telephone Association

SAC: 361346

State: Minnesota

Form 481 Line 1010

Study Area Code	Exchange	Current Residential Flat Rate	Additional Basic Local Rate Charges If applicable	Mandatory Expanded Calling	Fed Subscriber Line Charge	State Subscriber Line Charge	State USF Surcharge	County E-911 Surcharge	State E-911 (e.g. fire & police)	TRS & other hearing impaired Surcharges	Total Fixed Voice Services Pricing
361346	482 Brownsville	17.000			6.500				0.840	0.03	24.370
361346	743 Canton	17.000			6.500				0.840	0.03	24.370
361346	643 Dakota	17.000			6.500				0.840	0.03	24.370
361346	495 Eitzen	17.000			6.500				0.840	0.03	24.370
361346	772 Granger	17.000			6.500				0.840	0.03	24.370
361346	894 Hokah	17.000		8.300	6.500				0.840	0.03	32.670
361346	896 Houston	17.000			6.500				0.840	0.03	24.370
361346	895 LaCrescent	19.000			6.500				0.840	0.03	26.370
361346	467 Lanesboro	17.000			6.500				0.840	0.03	24.370
361346	542 New Albin	17.000			6.500				0.840	0.03	24.370
361346	657 Ostrander	17.000			6.500				0.840	0.03	24.370
361346	875 Peterson	17.000			6.500				0.840	0.03	24.370
361346	864 Rushford	17.000			6.500				0.840	0.03	24.370

Carrier must certify that pricing of fixed voice services is no more than two standard deviations above the applicable national average urban rate floor for voice service. For program year 2015, the average urban rate for local service is \$20.46 and two standard deviations above would be \$46.96.

As shown above, the sum of the local rate and state fees is below \$46.96.

Carrier certifies that the sum of its local rate and state fees is below \$46.96.

PUBLIC DOCUMENT TRADE SECRET DATA HAS BEEN EXCISED

(3005a) Operating Report for Privately-Held Rate of Return Carriers		FCC Form 481	
Balance Sheet - Data Collection Form		OMB Control No. 3060-0986	
Page 1 of 3		July 2013	
<010> Study Area Code		<010>	361346
<015> Study Area Name		<015>	ACE TELEPHONE ASSOCIATION
<020> Program Year		<020>	2015
<030> Contact Name - Person USAC should contact regarding this data		<030>	CYNTHIA SWEET
<035> Contact Telephone Number - Number of person identified in data line <030>		<035>	507.896.6211
<039> Contact Telephone Email Address - Email Address of person identified in data line <030>		<039>	csweet@acecomgroup.com
<input type="checkbox"/> Files as reviewed single company <input type="checkbox"/> Filed as reviewed consolidated company <input type="checkbox"/> Filed as subsidiary of reviewed consolidated company		<input checked="" type="checkbox"/> Filed as audited single company <input type="checkbox"/> Filed as audited consolidated company <input type="checkbox"/> Filed as subsidiary of audited consolidated company	

CERTIFICATION

We hereby certify that the entries in this report are in accordance with the accounts and other records of the system and reflect the status of the system to the best of our knowledge and belief.

Signature	Date
-----------	------

PART A. BALANCE SHEET

ASSETS	BALANCE PRIOR YEAR	BALANCE END OF PERIOD	LIABILITIES AND STOCKHOLDERS' EQUITY	BALANCE PRIOR YEAR	BALANCE END OF PERIOD
CURRENT ASSETS			CURRENT LIABILITIES		
1. Cash and Equivalents			25. Accounts Payable		
2. Cash-RUS Construction Fund			26. Notes Payable		
3. Affiliates:			27. Advance Billings and Payments		
a. Telecom, Accounts Receivable			28. Customer Deposits		
b. Other Accounts Receivable			29. Current Mat. L/T Debt		
c. Notes Receivable			30. Current Mat. L/T Debt-Rur. Dev.		
4. Non-Affiliates:			31. Current Mat.-Capital Leases		
a. Telecom, Accounts Receivable			32. Income Taxes Accrued		
b. Other Accounts Receivable			33. Other Taxes Accrued		
c. Notes Receivable			34. Other Current Liabilities		
5. Interest and Dividends Receivable			35. Total Current Liabilities (25 thru 34)		
6. Material-Regulated			LONG-TERM DEBT		
7. Material-Nonregulated			36. Funded Debt-RUS Notes		
8. Prepayments			37. Funded Debt-RTB Notes		
9. Other Current Assets			38. Funded Debt-FFB Notes		
10. Total Current Assets (1 Thru 9)			39. Funded Debt-Other		
			40. Funded Debt-Rural Develop. Loan		
NONCURRENT ASSETS			41. Premium (Discount) on L/T Debt		
11. Investment in Affiliated Companies			42. Reacquired Debt		
a. Rural Development			43. Obligations Under Capital Lease		
b. Nonrural Development			44. Adv. From Affiliated Companies		
12. Other Investments			45. Other Long-Term Debt		
a. Rural Development			46. Total Long-Term Debt (36 thru 45)		
b. Nonrural Development			OTHER LIAB. & DEF. CREDITS		
13. Nonregulated Investments			47. Other Long-Term Liabilities		
14. Other Noncurrent Assets			48. Other Deferred Credits		
15. Deferred Charges			49. Other Jurisdictional Differences		
16. Jurisdictional Differences			50. Total Other Liabilities and Deferred Credits (47 thru 49)		
17. Total Noncurrent Assets (11 thru 16)			EQUITY		
			51. Cap. Stock Outstanding & Subscribed		
PLANT, PROPERTY, AND EQUIPMENT			52. Additional Paid-in-Capital		
18. Telecom, Plant-in-Service			53. Treasury Stock		
19. Property Held for Future Use			54. Membership and Cap. Certificates		
20. Plant Under Construction			55. Other Capital		
21. Plant Adj., Nonop. Plant & Goodwill			56. Patronage Capital Credits		
22. Less Accumulated Depreciation			57. Retained Earnings or Margins		
23. Net Plant (18 thru 21 less 22)			58. Total Equity (51 thru 57)		
24. TOTAL ASSETS (10+17+23)			9. TOTAL LIABILITIES AND EQUITY (35+46+50+58)		

PUBLIC DOCUMENT TRADE SECRET DATA HAS BEEN EXCISED

(3005b) Operating Report for Privately-Held Rate of Return Carriers

Balance Sheet - Data Collection Form

Page 2 of 3

FCC Form 481

OMB Control No. 3060-0986

July 2013

<010> Study Area Code

<015> Study Area Name

<020> Program Year

<030> Contact Name - Person USAC should contact regarding this data

<035> Contact Telephone Number - Number of person identified in data line <030>

<039> Contact Telephone Email Address - Email Address of person identified in data line <030>

<010>

361346

<015> ACE TELEPHONE ASSOCIATION

<020>

2015

<030> CYNTHIA SWEET

<035> 507 896 6211

<039> csweet@acecomgroup.com

PART B. STATEMENTS OF INCOME AND RETAINED EARNINGS OR MARGINS		
ITEM	PRIOR YEAR	THIS YEAR
1. Local Network Services Revenues		
2. Network Access Services Revenues		
3. Long Distance Network Services Revenues		
4. Carrier Billing and Collection Revenues		
5. Miscellaneous Revenues		
6. Uncollectible Revenues		
7. Net Operating Revenues (1 thru 5 less 6)		
8. Plant Specific Operations Expense		
9. Plant Nonspecific Operations Expense (Excluding Depreciation & Amortization)		
10. Depreciation Expense		
11. Amortization Expense		
12. Customer Operations Expense		
13. Corporate Operations Expense		
14. Total Operating Expenses (8 thru 13)		
15. Operating Income or Margins (7 less 14)		
16. Other Operating Income and Expenses		
17. State and Local Taxes		
18. Federal Income Taxes		
19. Other Taxes		
20. Total Operating Taxes (17+18+19)		
21. Net Operating Income or Margins (15+16-20)		
22. Interest on Funded Debt		
23. Interest Expense - Capital Leases		
24. Other Interest Expense		
25. Allowance for Funds Used During Construction		
26. Total Fixed Charges (22+23+24-25)		
27. Nonoperating Net Income		
28. Extraordinary Items		
29. Jurisdictional Differences		
30. Nonregulated Net Income		
31. Total Net Income or Margins (21+27+28+29+30-26)		
32. Total Taxes Based on Income		
33. Retained Earnings or Margins Beginning-of-Year		
34. Miscellaneous Credits Year-to-Date		
35. Dividends Declared (Common)		
36. Dividends Declared (Preferred)		
37. Other Debits Year-to-Date		
38. Transfers to Patronage Capital		
39. Retained Earnings or Margins end-of-Period [(31+33+34)-(35+36+37+38)]		
40. Patronage Capital Beginning-of-Year		
41. Transfers to Patronage Capital		
42. Patronage Capital Credits Retired		
43. Patronage Capital End-of-Year (40+41-42)		
44. Annual Debt Service Payments		
45. Cash Ratio [(14+20-10-11)/7]		
46. Operating Accrual Ratio [(14+20+26)/7]		
47. TIER [(31+26)/26]		
48. DSCR [(31+26+10+11)/44]		

PUBLIC DOCUMENT TRADE SECRET DATA HAS BEEN EXCISED

(3005c) Operating Report for Privately-Held Rate of Return Carriers
 Balance Sheet - Data Collection Form
 Page 3 of 3

FCC Form 481
 OMB Control No. 3060-0986
 July 2013

<010> Study Area Code
 <015> Study Area Name
 <020> Program Year
 <030> Contact Name - Person USAC should contact regarding this data
 <035> Contact Telephone Number - Number of person identified in data line <030>
 <039> Contact Telephone Email Address - Email Address of person identified in data line <030>

<010> 361346
 <015> ACE TELEPHONE ASSOCIATION
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PART C. STATEMENTS OF CASH FLOWS		
1.	Beginning Cash (Cash and Equivalents plus RUS Construction Fund)	
CASH FLOWS FROM OPERATING ACTIVITIES		
2.	Net Income	
Adjustments to Reconcile Net Income to Net Cash Provided by Operating Activities		
3.	Add: Depreciation	
4.	Add: Amortization	
5.	Other (Explain)	
Changes in Operating Assets and Liabilities		
6.	Decrease/(Increase) in Accounts Receivable	
7.	Decrease/(Increase) in Materials and Inventory	
8.	Decrease/(Increase) in Prepayments and Deferred Charges	
9.	Decrease/(Increase) in Other Current Assets	
10.	Increase/(Decrease) in Accounts Payable	
11.	Increase/(Decrease) in Advance Billings & Payments	
12.	Increase/(Decrease) in Other Current Liabilities	
13.	Net Cash Provided/(Used) by Operations	
CASH FLOWS FROM FINANCING ACTIVITIES		
14.	Decrease/(Increase) in Notes Receivable	
15.	Increase/(Decrease) in Notes Payable	
16.	Increase/(Decrease) in Customer Deposits	
17.	Net Increase/(Decrease) in Long Term Debt (Including Current Maturities)	
18.	Increase/(Decrease) in Other Liabilities & Deferred Credits	
19.	Increase/(Decrease) in Capital Stock, Paid-In Capital, Membership and Capital Certificates & Other Capital	
20.	Less: Payment of Dividends	
21.	Less: Patronage Capital Credits Retired	
22.	Other (Explain)	
23.	Net Cash Provided/(Used) by Financing Activities	
CASH FLOWS FROM INVESTING ACTIVITIES		
24.	Net Capital Expenditures (Property, Plant & Equipment)	
25.	Other Long-Term Investments	
26.	Other Noncurrent Assets & Jurisdictional Differences	
27.	Other (Explain)	
28.	Net Cash Provided/(Used) by Investing Activities	
29.	Net Increase/(Decrease) in Cash	
30.	Ending Cash	